

215040778
62867

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 184	Agency Case No. B5-092981	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	10/06/2015		(In Military Time) TIME OF ACCIDENT 0800		STATE USE ONLY 10/06/2015					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0803	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Hwy 2, Old Cheney to S 56th			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO						
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D	IF AT INTERSECTION		IF NOT AT INTERSECTION								
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	14		165.00				X Old Cheney				
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
01	MILES		N S E W	AND MILES		N S E W					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
2	VEHICLE NO. 1										
F	DRIVER LICENSE NO.	H12102428			STATE (Of License)	NE					
V1/N	DRIVER	KERRI J SKINNER			PHONE	402 525-7551					
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	10/22/1974					
1	OWNER	KAREN SKINNER			PHONE	402 525-7551					
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO					
4	LICENSE PLATE	PA NO.	11K415	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE				
H	VEHICLE	2010	Dodge	MODEL	AXT	BODY STYLE	4 door Sedan				
V1/O	VEHICLE ID NO. (VIN)	1B3CC4FB6AN144467			COLOR	silver / chrome					
2	VEHICLE	2010	Dodge	MODEL	AXT	BODY STYLE	4 door Sedan				
V2/O	VEHICLE ID NO. (VIN)	1B3CC4FB6AN144467			COLOR	silver / chrome					
2	TOWED TO	TOWED BY			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 800					
I	VEHICLE NO. 2										
1	DRIVER LICENSE NO.	H12445837			STATE (Of License)	NE					
V1/P	DRIVER	RACHEL A GREEN			PHONE	402 817-8002					
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	02/20/1981					
1	OWNER	RACHEL GREEN			PHONE	402 817-8002					
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> NO					
01	LICENSE PLATE	PA NO.	TGX890	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE				
V1/Q	VEHICLE	2005	Mazda	MODEL	TRS	BODY STYLE	Compact Utility				
V2/Q	VEHICLE ID NO. (VIN)	4F2CZ94105KM40791			COLOR	black					
K	TOWED TO	TOWED BY			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 800					
01	TOWED TO	TOWED BY			INSURANCE COMPANY	United Fire and Cas					
01	TOWED TO	TOWED BY			POLICY NO.	011090642581					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
VEH. #	NAME	ADDRESS				Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092981



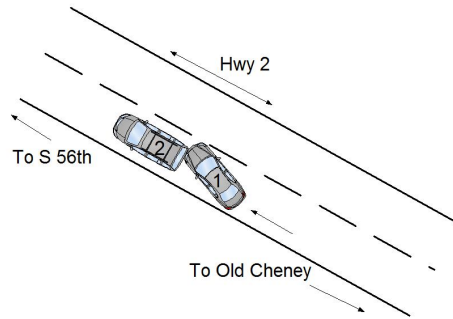
Indicate
North
by Arrow



POI(est) 165' W of W curb of Old Cheney
18' S of N curb of Hwy 2

Neither veh moved

No visible skids



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was WB on Hwy 2 stopped in the inside lane approx. 10' behind V2. D1 said she wanted to switch to the outside lane. D1 said she was looking over her right shoulder as traffic in the outside lane cleared. D2 continued to look over her right shoulder when she accelerated and began to change lanes. As she moved forward, she struck the rear of V2. D2 said she was WB on Hwy 2 stopped in the inside lane when she felt the impact of V1 striking the rear of her veh.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																																															
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																																																							
1				X	Hwy 2	POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>BAC LEVEL</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	ALCOHOL LEVEL TESTED	Y	Y	Y	BAC LEVEL	N	X	N																														
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OFFICER NO. 875	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jeff Hahne		INVESTIGATOR SIGNATURE Approved by Officer Jeff Hahne	DATE OF REPORT 10/06/2015